10/722,676

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**Application Number** 

FORM		Filing Date November 25, 2003					
		First Named Inven	tor	Steven A. Rogers			
	Art Unit		2666				
(to be used for all correspondence after	Examiner Name		Robert C. Scheibel				
Total Number of Pages in This Submiss	Attorney Docket N	umber	006389.00005				
ENCLOSURES (check all that apply)							
Fee Transmittal Form	)		After Allowance Communication to TC				
Fee Attached	Licensing	related Papers		Appeal Communication to Board of Appeals and Interferences			
Amendment / Reply	Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
After Final		Convert to a al Application		Proprietary Information			
Affidavits/declaration(s)		Attorney, Revocation f Correspondence Add	ress	Status Letter			
Extension of Time Request	Terminal Disclaimer			Other Enclosure(s) (please identify below):			
Express Abandonment Request	Request for Refund			Request for Continued Examination (RCE)			
	CD, Number of CD(s)						
Information Disclosure Statement		dscape Table on CD					
Certified Copy of Priority Document(s)	Remarks						
Reply to Missing Parts/							
Incomplete Application	ŀ						
Reply to Missing Parts under 37 CFR1.52 or 1.53							
SIG	NATURE OF	APPLICANT, ATTO	RNEY, O	RAGENT			
Firm Banner & Witcoff, LTD.							
Signature	molyc, Why						
Printed Name	Bradley C. Wright						
Date July 25, 200		06	Reg. No.	38,061			
CERTIFICATE OF TRANSMISSION/MAILING							
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.							
Signature							

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.  Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Con	plete if Known	SIPE	
FEE TRANSMITTAL		Δ	Application Number	10/722,67	76	128	
for FY 2005		F	iling Date	Novembe	r 25, 2003	101 2 5 2006 m	
		F	First Named Inventor	Steven A	Rogers	101 20 101 E	
Applicant claims small entity status. See 37 CFR 1.27		E	Examiner Name	Robert C	Scheibel	PARENTE	
TOTAL AMOUNT OF DAVASENT	(\$) 905.00		Art Unit	2666			
TOTAL ANIOUNT OF PA	TOTAL AMOUNT OF PAYMENT		A	Attorney Docket No.	006389.00005		
METHOD OF PAYMEN	Γ (check a	all that apply)					
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Under 37	CFR 1.16 a	and 1.17					
WARNING: Information on thi	s form may	become public. Credit card	informa	ation should not be in	cluded on this	form. Provide cre	edit card information and
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FEE CALCULATION						<del></del>	
1. BASIC FILING, SEA	RCH, AN FILING	D EXAMINATION FEE	S EARC	H FEES	FYAMIN	ATION FEES	
	FILING	Small Entity	LAILO	Small Entity		Small Entity	A N
Application Type	Fee (\$)		ee(\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fees Paid (\$)
Utility	300	150 50	00	250	200	100	
Design	200	100 10	00	50	130	65	<del></del>
Plant	200	100 30	00	150	160	80	
Reissue	300	150 50	00	250	600	300	<del></del>
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FE	2. EXCESS CLAIM FEES Small Entity						
Fee Description Fee (\$)					<u>Fee (\$)</u>		
Each claim over 20 (including Reissues)					50	25	
Each independent claim over 3 (including Reissues)  200 100							
Multiple dependent claims  Total Claims  Extra Claims  Fee(\$)  Fee Paid (\$)  Multiple Dependent Claims							
Total Claims							
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims Extra Claims Fee(\$) Fee Paid (\$)							
- 3 or HP=			=				
HP = highest number of independent claims paid for, if greater than 3.							
	3. APPLICATION SIZE FEE						
If the specification and di	rawings ex	ceed 100 sheets of paper (	(exclud	ling electronically fil	led sequence	or computer	
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							

		<u> </u>		
SUBMITTED BY				
Signature	mally	Registration No. Attorney/Agent)	38,061 теlер	phone 202-824-3000
Name (Print/Type)	Bradley C. Wright		Date	July 25, 2006

\_\_\_\_ (round up to a whole number) x

Total Sheets Extra Sheets

- 100 = \_\_\_\_\_

4. OTHER FEE(S)

/ 50 =

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): RCE & 3 month EOT

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Number of each additional 50 or fraction thereof Fee (\$)